



# US ARMY NAF EMPLOYEE BENEFITS PROGRAM



## Premiums for calendar year 2007

### Bi-Weekly Premiums

|                                      | Single<br>No Dental | Family<br>No Dental | Single<br>With Dental | Family<br>With Dental |
|--------------------------------------|---------------------|---------------------|-----------------------|-----------------------|
| DOD Health Benefit Plan              | \$53.74             | \$125.03            | \$57.29               | \$133.42              |
| Aetna US Healthcare HMO All States   | \$92.77             | \$226.79            | \$96.32               | \$235.18              |
| Kaiser Permanente Health Plan (NCR)  | \$63.27             | \$170.88            | \$66.82               | \$179.27              |
| Kaiser Permanente Hawaii *           | \$38.86             | \$116.12            | \$42.96               | \$120.28              |
| Keystone Health Plan                 | \$62.57             | \$150.79            | \$66.12               | \$159.18              |
| Hawaii Medical Service Association * | \$37.83             | \$105.54            | \$40.58               | \$113.20              |
| Scott & White Health Plan            | \$56.38             | \$145.68            | \$59.93               | \$154.07              |
| Triple S, Puerto Rico                | \$29.63             | \$70.61             | \$31.83               | \$75.16               |

Basic Life Insurance                      \$ .14 per \$1000 of coverage for employee & employer

|                          |                                |                   |
|--------------------------|--------------------------------|-------------------|
| Dependent Life Insurance | \$5000 spouse/\$2500 child     | Free w/basic life |
|                          | \$10,000 spouse/\$5000 child   | \$1.25            |
|                          | \$15,000 spouse/\$7500 child   | \$2.50            |
|                          | \$20,000 spouse/\$10,000 child | \$3.75            |
|                          | \$25,000 spouse/\$12,500 child | \$5.00            |

Optional Life Insurance                      Bi-Weekly Premiums per \$10,000 coverage

|              |        |                 |         |
|--------------|--------|-----------------|---------|
| Under age 35 | \$ .70 | Age 55-59       | \$5.40  |
| Age 35-39    | \$ .80 | Age 60-64       | \$8.90  |
| Age 40-44    | \$1.40 | Age 65-69       | \$12.50 |
| Age 45-49    | \$2.10 | Age 70 and over | \$20.50 |
| Age 50-54    | \$3.50 |                 |         |

### Monthly Premiums Continuations

|  | Single   | Family   |
|--|----------|----------|
| Retiree Medical Plan With Dental                               | \$124.13 | \$289.06 |
| Retiree Medical Plan without Dental                            | \$116.44 | \$270.89 |
| Temporary Continued Coverage (TCC)<br>For 18 months, NO DENTAL | \$395.87 | \$921.04 |

\* Premium cost share is subject to existing negotiated union agreements.